

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No. 1250/4  
Application Number 09/922,240  
Filing Date AUGUST 3, 2001  
First Named Inventor MICHAEL A. GREENBERG  
Group Art Unit 2164  
Examiner

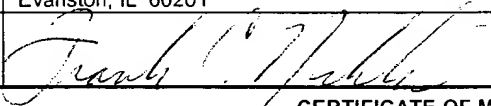
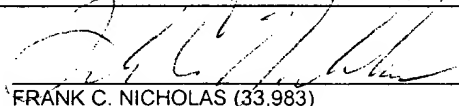
## ENCLOSURES (check all that apply)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Amendment/Response to Restriction/Election Req.<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Extension of Time Request (duplic)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement, PTO-1449, art<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawings:<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> To Convert a Provisional Application<br><input checked="" type="checkbox"/> Declaration and Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request of Refund<br><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed. | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input checked="" type="checkbox"/> Post Card Receipt<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br><input checked="" type="checkbox"/> Notice To File Missing Parts of Nonprovisional Application<br><input type="checkbox"/><br><input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$9=	0		x \$18=	
Indep.		Minus			x \$42=	0		x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---		+\$280=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date:	NOVEMBER 14, 2001
<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: NOVEMBER 14, 2001			
Signature			Date: NOVEMBER 14, 2001
FRANK C. NICHOLAS (33,983)			

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PATENT  
1250/4

#3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MICHAEL A. GREENBERG, CHRISTIAN A. S. PENSA  
PATRICK ZAOUTER

Serial No.: 09/922,240

Filed: AUGUST 3, 2001

Title: METHOD AND SYSTEM FOR EXCHANGING  
COMMODITIES ONLINE



Examiner:

Group Art Unit:

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION  
FILED UNDER 37 C.F.R. 1.53(b)  
Filing Date Granted

Assistant Commissioner for Patents  
Washington, D.C. 20231  
Attention: Box Missing Parts

Dear Sir:

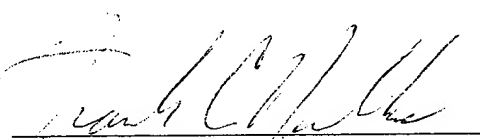
In accordance with the Notice to File Missing Parts of Nonprovisional Application, Filing Date Granted, dated August 3, 2001, a copy of which is attached, enclosed herewith for filing are the following documents to complete the filing requirements of the above-identified application. The Applicant is a small entity and hereby claims small entity status.

- ☒ Declaration
- ☐ Statement Claiming Small Entity Status-(37 CFR 1.9(f) & 1.27(b)) – Independent Inventor
- ☒ Charge Deposit Account No. 50-1713 in the amount of \$710 for: Missing Parts Fees
- ☒ \$355 Filing fee [\$355 small entity; \$710 large entity (design \$160, \$320)]
- ☒ \$290 Additional Claim Fees
- ☒ \$65 Missing Parts Surcharge
- Petition for Extension of Time to reply to the Notice of Missing Parts (and fee)
- |                                     |   |          |                                       |   |            |
|-------------------------------------|---|----------|---------------------------------------|---|------------|
| <input type="checkbox"/> one month  | = | \$110.00 | <input type="checkbox"/> three months | = | \$890.00   |
| <input type="checkbox"/> two months | = | \$390.00 | <input type="checkbox"/> four months  | = | \$1,390.00 |
- ☒ Other: 37 C.F.R. 1.33 Change of Correspondence Address.
- ☒ The Assistant Commissioner is hereby authorized to charge any deficiencies in fees or credit any overpayment to Deposit Account No. 50-1713. A duplicate copy of this paper is enclosed.

Dated: NOVEMBER 14, 2001

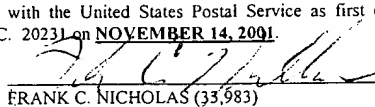
Respectfully submitted,

CARDINAL LAW GROUP  
1603 Orrington Avenue, Suite 2000  
Evanston, Illinois 60201  
(847) 905-7111

  
FRANK C. NICHOLAS  
Registration No. 33,983

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Box Missing Parts, Washington, D.C. 20231 on NOVEMBER 14, 2001.

NOVEMBER 14, 2001  
Date

  
FRANK C. NICHOLAS (33,983)

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Page 1 of 2

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER

09/922,240

FILING/RECEIPT DATE

08/03/2001

FIRST NAMED APPLICANT

Michael A. Greenberg

ATTORNEY-DOCKET NUMBER

(1250/4)

CONFIRMATION NO. 8715

FORMALITIES LETTER



\*OC000000006788198\*

FRANK C. NICHOLAS  
BANIAK NICHOLAS PINE & GANNON  
SUITE 2000  
1603 ORRINGTON AVENUE  
EVANSTON, IL 60201

RECEIVED

OCT 05 2001

CARDINAL LAW GROUP

Date Mailed: 09/25/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

01/10/2002 GTEFFERA 00000035 501713 09922240

FILED UNDER 37 CFR 1.53(b)

01 FC:201 370.00 CH  
02 FC:203 90.00 CH  
03 FC:202 210.00 CH  
04 FC:205 65.00 CH

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 710 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$580.
  - \$180 for 10 total claims over 20.
  - \$400 for 5 independent claims over 3.
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 1420.

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. ( 5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);